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17254 U.S. PTO

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| UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i> | Docket No. | M00656.70097.US |
| | First Named Inventor or Application Identifier | |
| | TING, Alice Y. | |
| | Express Mail Label No. | EV292547285US |
| Date of Deposit | August 5, 2003 | |

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| APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents</i> | | ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 |
| 1. <input type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification [Total pages 78] 62 - pages description 1 - pages abstract 15 - pages claims 129 - Total claims 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total sheets 7] <input checked="" type="checkbox"/> Informal <input type="checkbox"/> Formal [Total drawings 7] | | 7. <input type="checkbox"/> CD-ROM or CD-R, in duplicate, large table or Computer Program (Appendix) 8. <input checked="" type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input checked="" type="checkbox"/> Computer Readable Form (CRF) b. <input checked="" type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input checked="" type="checkbox"/> paper (identical to computer copy) c. <input checked="" type="checkbox"/> Statement verifying identity of above copies |
| ACCOMPANYING APPLICATION PARTS | | |
| 9. <input type="checkbox"/> Assignment Papers/cover sheet & documents(s) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation of Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certification Under 35 U.S.C. §122(b)(2)(B)(ii) 17. <input type="checkbox"/> Other: <hr/> <hr/> <hr/> | | |

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19. CORRESPONDENCE ADDRESS

Correspondence address below

CUSTOMER NUMBER:



23628

20. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

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| NAME | MaryDilys S. Anderson, Ph.D., Reg. No. 52,560 |
| SIGNATURE | |
| DATE | August 5, 2003 |